

ingly; there can be no fixed rule. Drug treatment will not lessen mortality. Symptomatic treatment of emergencies is advised. A good cathartic at the commencement of treatment is useful. The choice of the cathartic is immaterial. The so-called Brand bath is highly praised. The urine has double the toxicity of normal urine, and under hydrotherapy this is increased five times; the symptoms diminish in direct ratio as urinary toxicity increases. Cold bathing improves blood-pressure, deepens respirations, and the urine increases in amount. The first baths should be given when the temperature reaches 102.2° F. Temperature of bath, 68° F.; duration, fifteen minutes; ample friction should be used. To be repeated every three hours, when temperature is again 102.2° F. Modifications of the Brand bath are followed by less marked improvement. Coal-tar derivatives are condemned as a whole. Antipyrine does not cause improvement through elimination of toxins, for urinary toxicity is diminished by its use. These same toxins continue to be excreted for a month after convalescence begins, when antipyrine has been used. Antipyrine and others of the same group are harmful because they do not prevent the formation of toxins; they diminish their excretion. They palliate by reducing temperature. When the bath is used the toxins are all eliminated by the beginning of convalescence. Delirium, heart weakness, and bronchitis may be treated by drugs. Hydrotherapy improves these, however, without recourse to drugs, "and one does not need, therefore, to consider the drug treatment" (?). The writer proceeds, however, to recommend opium or bismuth in diarrhœa. Constipation requires enemata and laxatives. Chloral and sodium bromide will control delirium when baths cannot be given. Hemorrhage requires morphine hypodermatically and introduction of saline solution with 0.2 per cent. of calcium chloride.—*International Medical Magazine*, 1900, No. 4, p. 247.

Variety in the Diet of Typhoid Fever.—DR. A. H. SMITH doubts the wisdom of too close an adherence to a milk diet. There is no reason why part of the required food elements should not be taken in one kind of food and part in another. In milk there is albumin, fat, and sugar. The proportions present are not equally suitable in all cases. When the tissues present an excess of fat, less fat and sugar are indicated. If casein is difficult of digestion some other nitrogenous food should be substituted.

Diet and temperature: In addition to the specific infection, there are absorption of poisonous food products through the unbroken mucous membrane, and septic infection from open ulcers. Enteric fever renders normal digestion very unfavorable; opportunity for chemical change and the formation of abnormal products is excellent. Fever interferes with glandular action, favors fermentation and absorption of ptomaines. Fluctuations in temperature above the morning remission and afternoon exacerbation are due to absorption. Therefore, diet should be such as is least likely to undergo fermentative changes. Milk, if not perfectly digested, furnishes irritating and poisonous substances. Undigested casein may form very firm granules, producing local irritation more marked than so-called solid food, the latter tend to disintegrate on their intestinal journey. Milk-curds grow more compact, forming, finally, masses of chalk-like consistency. Milk may cause flatulence, which is especially to be avoided during ulceration. A

two to four drachms or more, given subcutaneously, it is rapidly absorbed, without local or general disturbance. To the present time this has been experimented with in tuberculosis and syphilis with good results.—*Rivista Critica di Clinica Medica*, 1900, No. 14, p. 274.

GYNECOLOGY.

UNDER THE CHARGE OF

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Condition of the Uterus after Extirpation and Transplantation of the Ovaries.—RUBENSTEIN (*St. Petersburger med. Wochenschrift*, 1899, No. 31), as the result of experiments on rabbits, arrives at the conclusion that when the ovaries are transplanted and preserve their functions the uterus shows no evidences of atrophy, but when, on the contrary, they become atrophied the uterus undergoes the same changes as after castration—i. e., atrophy of the muscle and endometrium, thickening of the vessels, and general hypertrophy of the connective tissue.

This disposes of Sokolow's nerve theory, since after transplantation of the ovaries to a distant locality (in one instance to the mesentery near the spleen) there could have been no re-establishment of the nerve-anastomoses between these organs and the uterus. In order that the latter should not undergo atrophy it is only necessary that the ovaries should still remain within the body and should preserve their integrity.

In the writer's opinion the only satisfactory explanation is that based upon the theory of the internal secretion or trophic influence of the ovaries, which, although not absolutely established, is supported by so many clinical and experimental observations that it may be regarded as highly probable.

Exploration of the Abdomen as an Adjunct to Every Coeliotomy.—KELLY (*Medical News*, December 16, 1899) calls attention to the importance of making a routine examination of the entire abdomen whenever the cavity is opened, since in this way unsuspected morbid conditions may be discovered when the attention is not directed entirely to the pelvic organs. Not only secondary deposits in cases of malignant or tubercular disease of the pelvis, but mechanical obstruction of the vascular, urinary, or alimentary channels may be detected. If this examination is negative both the operator and the patient have the satisfaction of knowing that no visceral lesion is present to retard convalescence or to menace life subsequently.

In conducting such an exploration strict asepsis should be maintained, preferably the use of rubber gloves with sleeves reaching to the elbows. A regular system is observed in palpating the different organs from the pelvis to the diaphragm.

There are three classes of cases in which this exploration is indicated—